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04-02-1999 90028 039 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000002084

1. Corporation Name
A RUB-A-DUB MAID, INC.

Principal Place of Business
 3680-42ND WAY S
 SUITE 58A
 ST PETERSBURG FL 33711
 US

Mailing Address
 3680-42ND WAY S
 SUITE 58A
 ST PETERSBURG FL 33711
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1995

2. Principal Place of Business
 21 **5745 8th AV. N.**

2a. Mailing Address
 26 **5745 8th AV. N.**

4. FEI Number
59-3284146 Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **St. Petersburg, Fl.**

City & State
 28 **St. Petersburg, Fl.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **33710** 25 **Pinellas**

Zip Country
 29 **33710** 30 **Pinellas**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MERCHANT, PATRICIA A
 3680 42ND WAY SOUTH
 SUITE 58A
 ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
5745 8th AV. N.
 83
 84 City **St. Petersburg, Fl.** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHANT, PATRICIA A	1.2 NAME	
STREET ADDRESS	3680 42ND WAY S 58A	1.3 STREET ADDRESS	5745 8th AV. N.
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHANT, HAROLD I JR	2.2 NAME	
STREET ADDRESS	3680 42ND WAY S 58A	2.3 STREET ADDRESS	5745 8th AV. N.
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PATRICIA M. MERCHANT**, 3-31-99 **727-867-7877**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)